PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 Expires 4/30/2011

1.0	PHA Information
	PHA Name:Gideon Housing Authority PHA Code:MO044
	PHA Type: ☐ Small X High Performing ☐ Standard ☐ HCV (Section 8)
	PHA Fiscal Year Beginning: (MM/YYYY):01/2010
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above)
	Number of PH units:34 Number of HCV units:
5000	
3.0	Submission Type
	X 5-Year and Annual Plan
4.0	DIM County
4.0	PHA Consortia: (Check box if submitting a joint Plan and complete table below.)
	Participating PHAs PHA Program(s) Included in the Programs Not in the No. of Units in Each
	Code Consortia Consortia Program
	PH HCV
	PHA 1: PHA 2:
	PHA 2: PHA 3:
F 0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.
5.0	5-1 ear Fian. Complete tems 5.1 and 5.2 only at 5-1 ear Fian update.
5.1	
J.A.	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low
	income families in the PHA's jurisdiction for the next five years:
	The mission of the PHA is the same as the Department of Housing & Urban Development:
	To promote adequate and affordable housing, economic, opportunity and a suitable lliving
	environment free from discrimination.
	en in onment in the in our distributions
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very
	low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals
	and objectives described in the previous 5-Year Plan.
	The HA goals are to reduce housing vacancies; renovate/modernize public housing; implement housing security and undertake affirmative
	measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.
	The second secon
	The HA has continued to use capital funds to update housing property by replacing HVAC units throughout to more energy efficient ones;
	replaced sidewalks; expanded parking areas; replaced kitchen drains and painted some interiors. The HA will continue to use capital
	funds to improve units. The HA will continue to work with local police to maintain a level of security for residents. The HA has added street lighting and a Neighborhood Watch program. The HA has encouraged residents to remain in housing or to move in housing by
	using the flat rent
6.0	PHA Plan Update
	100 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m
	(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: The HA adopted an EIV Policy
	and Security Awareness Measures.
	(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan
- 1	elements, see Section 6.0 of the instructions. Gideon Housing Authority, 135 Haven Street, Gideon, MO 63848
	820 TAN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership
	Programs, and Project-based Vouchers. Include statements related to these programs as applicable.
	C to IX
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.

8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the Capital Fund Program Five-Year Action Plan, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	Capital Fund Financing Program (CFFP). Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address
	issues of affordability, supply, quality, accessibility, size of units, and location. The HA has one vacant unit,

9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. The HA will continue to meet the needs of the area as apartments become available by providing low income housing to individuals who qualify for housing The HA will continue to maintain effective maintenance and management policies to minimize the number of units off line. When possible the HA will reduce turn around time.
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

11.0	Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
	(a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
	(b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
	(c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
	(d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
	(e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
	(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.

- (g) Challenged Elements
 (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
 (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)
- 11 (f) The residents did not have any recommendations or comments to the plan.
- 11 (g) There were no challenged elements to the plan.

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

	ent/Performance and Evaluation Report Program and Capital Fund Program Replacemen	nt Housing Factor	(CFP/CFPRHF)	Part I. Summar	V
PHA Name: Gideon Housi		Grant Type and Numb Capital Fund Program C Replacement Housing F	Federal FY of Grant: 2008		
		erformance and Eval			
Line No.	Summary by Development Account		timated Cost	Total A	ctual Cost
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds		4		
2	1406 Operations	1,000	4998.77	4998.77	4998.77
3	1408 Management Improvements	1,000	0		
4	1410 Administration	1,200	0		
5	1411 Audit		1		
6	1415 Liquidated Damages		**		
7	1430 Fees and Costs	3,500	3500.00	3500.00	3500.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	40,368	38569.23	38569.23	38569.23
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	47,068	47,068	47,068	47,068
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance			3	
24	Amount of line 21 Related to Security - Soft Cos	ts			
25	Amount of Line 21 Related to Security – Hard Costs		1 11		
26	Amount of line 21 Related to Energy Conservation Measures	n			

DATE

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

ng Authority	Grant Type and Capital Fund Pr Replacement H	ogram Grant No:	M036P044-5 nt No:	0108	Federal FY of Gra	nt: 2008	
General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Esti	mated Cost	Total Act	ual Cost	Status of Work
			Original	Revised	Funds Obligated	Funds Expended	
Operations	1406		1000	4998.77	4998.77	4998.77	complete
Management	1408		1000	0			
Administration	1410		1200	00			
A/E - Consultant	1430		3500	3500	3500	3500	complete
HVAC	1460	ll units	36473	38569.23	38569.23	38569.23	complete
Interior Paint		_8	3895	0			
	-						-
			*				
	Operations Management Administration A/E - Consultant HVAC	Capital Fund Pr	Capital Fund Program Grant No: Replacement Housing Factor Grant Major Work Categories Dev. Acct Quantity	Capital Fund Program Grant No: M036P044-5 Replacement Housing Factor Grant No: Major Work Categories	Capital Fund Program Grant No: M036P044-50108 Replacement Housing Factor Grant No:	Capital Fund Program Grant No: M036P044-50108 Replacement Housing Factor Grant No: Total Estimated Cost Total Act No. Original Revised Funds Obligated Operations 1406 1000 4998.77 4998.77 Management 1408 1000 0 Administration 1410 1200 0 A/E - Consultant 1430 3500 3500 3500 AS569.23 Interior Paint 8 3895 0 O O O O O O O O O O O O O O O O O O O O O O O O O O O O	Capital Fund Program Grant No: M036P044-50108 2008

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7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Part III: Implem PHA Name: Gideon Housing A	entation Sc	hedule Grant Capita	Cyne and Nun	nber n No: MO36P044		ing Pactor	(CFP/CFPRHF) Federal FY of Grant: 2008
Development Number Name/HA-Wide Activities		ound Obligater Ending I	ted	All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Date
	Original	Revised	Actual	Original	Revised	Actual	
MO-044	12/31/09	3/2009		12/31/10		4/2009	
			V				

Executive Director

DATE_ 4 - 0°

Part I:	Summary				
PHA Na Gide	C	ant Type and Number Apital Fund Program Grant No: MC ate of CFFP:	036SO4450109 Replacement Housing I	Factor Grant No:	FFY of Grant: 2009 FFY of Grant Approval:
Perfo	nal Annual Statement Reserve for Disa rmance and Evaluation Report for Period Ending:		□Revised Annual Statement (r ☑Final Performance and Evalu	nation Report	
Line	Summary by Development Account		Total Estimated Cost		Total Actual Cost 1
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	59,578		59,578	59,578
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System	of Direct			
	Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	59,578		59,578	58,578
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measure	ures			

To be completed for the Performance and Evaluation Report.
 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

PHA Name:	Capital Fund	and Number I Program Grant No: MO36S04450	Grant No:	FFY of Grant: 2009			
Gideon Housing Authority	Date of CFF	Date of CFFP:					
Performance and Evaluation Report for Perio	eserve for Disasters/Eme d Ending:		Revised Annual Statement (revisi Final Performance and Evaluatio	n Report			
Line Summary by Development Account		Total Est	imated Cost	Total	Actual Cost 1		
		Original	Revised 2	Obligated	Expended		
Signature of Executive Director	1.5	Date 4-3-09	Signature of Public Housing	Director	Date 6/9/09		

PHA Name: Gideon Housing A	authority	Grant Type and Capital Fund Pro Replacement Ho	Number gram Grant No: N using Factor Grant	1036S04450	Federal FFY of Grant: 2009				
Development Number Name/PHA-Wide Activities	General Description Categor		Development Account No.	Quantity	Total Estin	mated Cost	Total Ac	tual Cost	Status of World
					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
HA Wide	HVAC Repla	acement	1460	18	59,578		59,578	59,578	С

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

HA Name: Gideon Housing Author	Federal FFY of Grant: 2009				
Development Number Name/PHA-Wide Activities	All Fund O (Quarter End		All Funds (Quarter En		Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	3/17/2010	04/24/09	03/172012	05/27/2009	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I:	: Summary				
PHA N Gide	Cap	nt Type and Number ital Fund Program Grant No: MO36 e of CFFP;	SPO2450109 Replacement Housing Factor	or Grant No:	FFY of Grant: 2009 FFY of Grant Approval:
Orig	f Grant ginal Annual Statement Ormance and Evaluation Report for Period Ending:	ers/Emergencies			
Line	Summary by Development Account	To	tal Estimated Cost		Total Actual Cost 1
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3	24,092	13,717		
3	1408 Management Improvements	9,383	9,383		
4	1410 Administration (may not exceed 10% of line 21)	4,692	4,692		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,500	3,500		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	12,625	12,625		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	0	3,000		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Payment	Direct			
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	46,917	46,917		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measur	es			

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

Part I: Summary				
PHA Name: Gideon Housing Authority	Grant Type and Number Capital Fund Program Grant No: MO36F Date of CFFP:	PO4450109 Replacement Housing Fact	or Grant No:	FY of Grant: 2009 FY of Grant Approval:
Type of Grant ☐Original Annual Statement ☐Performance and Evaluation Report for Period Ending.	r Disasters/Emergencies	□ Revised Annual Statement (revi □ Final Performance and Evaluat		
Line Summary by Development Account	Total	al Estimated Cost	Total	Actual Cost 1
	Original	Revised ²	Obligated	Expended
Signature of Executive Director	Date 10-14-09	Signature of Public Housing	Director	Date

Gideon Housing Authority		Grant Type and Capital Fund Pro Replacement Ho	Number gram Grant No: Nusing Factor Grant I	1036P0440 No:	109 CFFP (Yes/No):	Federal FFY of 2009	Grant:	
Development Number Name/PHA-Wide Activities	General Description Categor	of Major Work Development Quantity Total Estimated Cost Total		Total Ac	tual Cost	Cost Status of Wor			
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Replace tile		1460	1	1,445	1,445			
	Replace light		1460	210	11,180				
	Replace compl		1475		3,000				

 $^{^{1}}$ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. 2 To be completed for the Performance and Evaluation Report.

HA Name: Gideon Housing Author	Federal FFY of Grant: 2009					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
HA Wide	12/31/2011		12/31/2013			

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I:	Summary				
PHA N	C	ant Type and Number apital Fund Program Grant No: MO36 ate of CFFP:	PO4450110 Replacement Housing Fac	tor Grant No:	FFY of Grant: 2010 FFY of Grant Approval:
Perfe	inal Annual Statement Reserve for Disa ormance and Evaluation Report for Period Ending:	(8)	☐Revised Annual Statement (revi: ☐Final Performance and Evaluati		
Line	Summary by Development Account		al Estimated Cost		Total Actual Cost 1
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3	3,500			
3	1408 Management Improvements	1,000			
4	1410 Administration (may not exceed 10% of line 21)	4,500			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,500			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	34,568			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System (of Direct			
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	47,068			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Meas	sures			

To be completed for the Performance and Evaluation Report.
 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

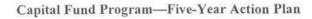
Part I: Summary					
PHA Name: Gideon Housing Authority	Grant Type and Number Capital Fund Program Grant No: MO36pt Date of CFFP:	al Fund Program Grant No. MO36p0445010 Replacement Housing Factor Grant No. 2010			
Type of Grant Original Annual Statement Performance and Evaluation Report for Period Endin	or Disasters/Emergencies g:	☐ Revised Annual Statement (revis			
Line Summary by Development Account	Tota	l Estimated Cost	Total Ac	tual Cost 1	
	Original	Revised ²	Obligated	Expended	
Signature of Executive Director	Date 10-14-09	Signature of Public Housing	Director	Date	

PHA Name: Gideon Housing A	Authority	Grant Type and Capital Fund Pro Replacement Hou	Number gram Grant No: M using Factor Grant I	O36PO4450)110 CFFP (\)	(es/No):	Federal FFY of 2010		
Development Number Name/PHA-Wide Activities	General Description Catego	of Major Work			Total Estimated Cost		Total Actual Cost S		Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Fees and	Costs	1430		3,500				
	Retile F	loors	1460	20	34,568				
							1		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

PHA Name: Gideon Ho	Federal FFY of Grant: 2010					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
HA Wide	09/15/2012		09/15/2014			

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



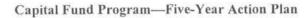
Par	t I: Summary					
PHA	Name/Number Gideon Hou	ising Authority	Locality (City/County & State) Gideon, New Madrid, Missouri	⊠Original 5-Year Pla	Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
В.	Physical Improvements Subtotal	Annual Statement	96,668	131,193	130,025	115,400
C.	Management Improvements		1,000	1,000	1,000	1,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		1,200	1,200	1,200	1,200
F.	Other		3,500	3,500	3,500	3,500
G.	Operations	all well avel avil gu	3,500	3,500	3,500	3,500
H.	Demolition					
I.	Development	CONTRACTOR OF SHAPE	1			
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		0			
L.	Total Non-CFP Funds					
M.	Grand Total		105,868	140,393	139,225	124,600



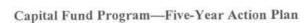
Work Statement for	Work Statement for Year FFY	2011	_	Work Statement for Ye	ear: 2012	
Year 1 FFY 2010	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cos
See	HA Wide			HA Wide		
Annual	Landscaping		3,000	Renovate Kitchens	17 units	33,368
Statement	Replace floor tile	17 units	57,800	Renovate Bathrooms	17 units	22,525
10 au un	Renovate Kitchens	17 units	33,368	Replace Maintenance Equipment		2,000
	Replace Appliances	5	2,500	Replace/Repair Soffits/Siding/Fascia	17 units	47,600
H A AP AP				Replace Appliances	5	2,500
				Replace tile floor	7 units	23,800
			V			
AP PARTY						
	Subtotal of Estimat	ed Cost	\$ 96,668	Subtotal of Estim	ated Cost	\$ 131,193



Work Statement for	Work Statement for Year 20 FFY	13		Work Statement for Year: FFY	2014	
Year 1 FFY 2010	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cos
See	HA Wide			HA Wide		
Annual	Replace Smoke Dectors/GFI	34 units	6,800	Replace Hot Water Heaters	34	15,300
Statement	Replace entry/storm doors	68	13,600	Refurbish Admin Building	1	12,000
	Landscaping		3,000	Refurbish Main Building	1	5,000
Call Could to the Sun	Repair/Replace soffits/fascia	17 bldg	47,600	Replace Truck	1	30,000
	Replace Appliances	5	2,500	Landscaping	No.	3,000
THE RESERVE	Replace tile floors	10 units	34,000	Replace/Repair soffits/fascias	17 bldg	47,600
10 120 180 180 181 181 181 181 181 181 181 18						
N AND AND AND						
	Subtotal of Estimated Co	ost	130,025	Subtotal of Estimate	d Cost	\$ 115,400



Work Statement for	Work Statement for Year 2011 FFY		Work Statement for Year: 2012 FFY	
Year 1 FFY 2010	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	HA Wide		HA Wide	
Annual	Operations	3,500	Operations	3,500
Statement	Management ImprStaff Training	1,000	Management ImprStaff Training	1,000
	Admin-Staff Salary/benefits for CFP	1,200	AdminStaff Salary/benefits for CFP	1,200
10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	Fees/Costs-Mod Coordinator	3,500	Fees/Costs-Mod Coordinator	3,500
and side of the				
A SHEET AND AND ADDRESS OF THE PARTY OF THE				
ALL SECTION SALES				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$



Work Statement for	Work Statement for Year 2013 FFY		Work Statement for Year:2014	
Year 1 FFY 2010	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cos
See	HA Wide		HA Wide	
Annual	Operations	3,500	Operations	3,500
Statement	Management ImprStaff Training	1,000	Management ImprStaff Training	1,000
Marie Carlo	AdminStaff salary/benefits for CFP	1,200	AdminStaff Salary/benefits for CFP	1,200
	Fees/Costs-Mod Coordinator	3,500	Fees/Costs-Mod. Coordinator	3,500
THE RESERVE AND				
A P. P. F	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

GIDEON HOUSING AUTHORITY

VIOLENCE AGAINST WOMEN ACT POLICY RESOLUTION 436 ADOPTED OCTOBER 25, 2006

THE GIDEON HOUSING AUTHORITY RECOGNIZES THERE ARE FAMILIES EXPERIENCING DOMESTIC VIOLENCE AND STALKING THAT MAY HAVE SPECIAL NEEDS. THE HOUSING AUTHORITY WORKS TO PREVENT DISCRIMINATION, DENYING ACCESS TO OR EVICTION FROM HOUSING TO WOMEN OR FAMILIES WHO ARE VICTIMS OF DOMESTIC VIOLENCE OR STALKING.

THE GIDEON HOUSING AUTHORITY HAS ADOPTED THE FOLLOWING POLICY IN COMPLIANCE WITH THE "VIOLENCE AGAINST WOMEN ACT OF 2005".

- 1. THE GIDEON HOUSING AUTHORITY SHALL DENY NO PERSON HOUSING OR HAVE HIS OR HER HOUSING ASSISTANCE TERMINATED BECAUSE THAT PERSON HAS BEEN A VICTIM OF DOMESTIC VIOLENCE OR STALKING.
- 2. IN THE EVENT THAT ONE MEMBER OF A HOUSEHOLD ENGAGES IN DOMESTIC VIOLENCE OR STALKING ONLY THAT PERSON SHALL BE DENIED HOUSING OR HAVE HIS OR HER ASSISTANCE TERMINATED. THE REMAINDER OF THE HOUSEHOLD SHALL NOT OTHERWISE BE EXCLUDED FROM ASSISTANCE OR TERMINATED FROM ASSISTANCE BY THE GIDEON HOUSING AUTHORITY.
- 3. IF A PERSON VACATES A UNIT IN ORDER TO PROTECT THE SAFETY OF A VICTIM OF DOMESTIC VIOLENCE, THAT ACT SHALL NOT CONSTITUTE ABANDONMENT UNDER THE TERMS OF THE LEASE OF THE GIDEON HOUSING AUTHORITY.
- 4. THE GIDEON HOUSING AUTHORITY RESERVES THE RIGHT TO REQUIRE PROOF THAT AN INDIVIDUAL IS A VICTIM OF DOMESTIC VIOLENCE OR STALKING. THE RESIDENT SHALL BE AFFORDED 14 BUSINESS DAYS TO PROVIDE DOCUMENTATION, INCLUDING ONE OR MORE OF THE FOLLOWING: CERTIFICATION FROM AN ATTORNEY, DOMESTIC VIOLENCE SERVICE PROVIDER OR MEDICAL PROFESSIONAL, OR POLICE OR COURT RECORD.